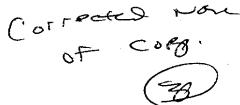
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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	lling Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ARTICLES OF DISSOLUTION.
DOCUMENT NUMBER: P0400155999.
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CCIFFORD GRIFFITHS (Name of Person)
EMPIRE HOUSING ASSISTANCE NETHORK, INC
800 VICCAGE SQ. CROSSING SUITE 317.
PACM BEACH BARDENS, FC. 334LO. (City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee ♣ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	EMPIRE HOGSMIG ASSIBIANCE and Develop
SECOND:	EMPIRE Hogsing ASSISTANCE and Develop Network, J
THIRD:	The file date of the articles of incorporation: $11-15-04$
FOURTH	The corporation has not commenced to conduct its affairs MO.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	The dissolution was authorized by a majority of the directors: OR
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
	Signed this 20 day of JANYARY, OS 35 55
Signa	(By the chairman privice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35